



COUNTY OF YORK
APPLICATION FOR STARTING A **NEW COMMERCIAL BASED** BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Acct#: _____

Date
Received: _____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Corp.

Applicant/Owner:

(BASED ON OWNERSHIP) _____

Trade Name: _____

Date Business Established in York County: _____
MM-DD-YYYY

Federal I.D. # _____ State I.D. # _____ Social Security # _____

Detailed Description of ALL Proposed Business Activities - **if your business activity changes after the initial application, contact the office of the Commissioner of the Revenue prior to initiating the change to determine if it affects your business classification:**

EXAMPLE: CONTRACTOR-Painting; REPAIR-Auto; CONSULTANT-Computer; RETAIL-Beauty Products

Applicant/Ownership Information (PLEASE PRINT)

List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

Name	Title	SS#
Home Address	Home Phone	Cell Phone
Name	Title	SS#
Home Address	Home Phone	Cell Phone
Name	Title	SS#
Home Address	Home Phone	Cell Phone

Proof of Identification:

Valid through: _____

Proof of Identification:

Valid through: _____

Proof of Identification:

Valid through: _____

TAX ASSESSMENT

ESTIMATED GROSS RECEIPTS

(Rounded)

FEE

TAX

FLAT FEES

TOTAL DUE

\$ _____ \$ _____ \$ _____ + \$ _____ = \$ _____

FILING PERIOD ESTIMATE: _____ THROUGH _____

MM-DD-YYYY

MM-DD-YYYY

OATH: I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license..

Applicant(s) Signature: _____ Date: _____

The completion of this application and payment for county business license shall not be deemed to be approval to prosecute any business without first obtaining Zoning and Use Permits, Required Building Inspections and Fire/Rescue Inspections for the location in which you intend to locate.

Commissioner of the Revenue – Application for a New Commercial Based Business



COUNTY OF YORK
ZONING AND CODE ENFORCEMENT
APPLICATION FOR CERTIFICANT OF USE AND OCCUPANCY
NEW COMMERCIAL BASED BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Acct#: _____

Date _____

Received: _____

☐ Existing Commercial Bldg. OR ☐ New Commercial Building

Applicant/Owner:

(BASED ON OWNERSHIP) _____

Trade Name: _____

Mailing Address:

Suite No. _____

Street No./Name _____

P. O. Box _____

City _____

State _____

Zip Code _____

Business Address:

Street Number _____

Unit _____

Street Name _____

Location Name:

SUBDIVISION

*

OFFICE BLDG.

*

SHOPPING CENTER

*

INDUSTRIAL PARK

GPIN/Map No. _____

Email Address: _____ @ _____ Website Address: _____

Local Business Phone: () _____ - _____ Corp./Main Office Phone: () _____ - _____

Cell Phone: () _____ - _____ Fax Number: () _____ - _____

Detailed Description of ALL Proposed Business Activities:

Existing Commercial Bldg: **Is Facility to be Altered? Yes [] No [] If Yes, Describe in detail Proposed Changes

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge and belief.

Applicant(s) Signature: _____ Date: _____

The completion of this application and payment of county business license shall not be deemed to be approval to prosecute any business without first obtaining Zoning and Use Permits, Required Building Inspections and Fire/Rescue Inspections for the location in which you intend to locate. If any alterations need to be made after this initial approval, you must submit and application to Zoning & Code Enforcement prior to any alterations.

FOR OFFICE USE ONLY

COMMISSIONER OF THE REVENUE

COMMENTS:

SIGNATURE

TITLE

DATE

BUILDING REGULATION

☐ APPROVED ☐ DISAPPROVED

BUILDING USE GROUP:

SIGNATURE

TITLE

DATE

ZONING & CODE ENFORCEMENT

☐ APPROVED ☐ DISAPPROVED
COMMENTS:

SIGNATURE

TITLE

DATE

PUBLIC SAFETY * FIRE AND RESCUE

☐ APPROVED ☐ DISAPPROVED

COMMENTS:

SIGNATURE

TITLE

DATE